Ontario

Inspection Report under the *Long-Term Care Homes Act, 2007*

Rapport d'inspection prévue le *Loi de 2007 les foyers de soins de longue durée*

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée
Division de la responsabilisation et de la performance du système de santé
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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
August 17-19, 2010	2010_135_2301_17 Aug162321	Follow Up January 2008

Licensee/Titulaire
1230839 Ontario Limited
708 Wellington St.
Wallaceburg, Ont. N8A 2Y6

Long-Term Care Home/Foyer de soins de longue durée
Brouillette Manor
11900 Brouilette Court
Tecumseh, Ontario N8N 4X8

Name of Inspector(s)/Nom de l'inspecteur(s)

Bonnie MacDonald (ID #135)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a Dietary Follow-Up inspection in respect to the Long Term Care Homes Program Manual Standards and Criteria previously identified as B3.23, B3.25, M1.6, P1.22 and B2.4 issued January 2008.

During the course of the inspection, the inspector spoke with: Administrator, Director of Care, RAI Coordinator, Food Services Manager, Dietitian, Registered Nursing staff, Dietary staff, Environmental staff and Residents. A review of resident records for resident #'s1000003 and #1000004 was completed. Dinner and breakfast services were observed in the main dining room and afternoon snack service was observed for the whole home.

The following Inspection Protocols were used in part or in whole during this inspection:
Nutrition and Hydration
Dining Observations
Snack Observation

Findings of Non-Compliance were found during this inspection. The following action was taken:

10 WN
10 VPC
Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA. Non-compliance with requirements under the *Long-Term Care Homes Act, 2007* (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)	Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée. Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with: LTCHA, 2007, S.O. 2007, c.8, s.6(7)
The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

Findings:

1. Resident was ordered Boost pudding at pm. snack in Dietitian's progress notes of Aug. 12/10. This was not served to resident during pm. Snack delivery Aug. 17/10.

2. Resident's plan of care indicates resident to receive prune juice and bran as part of the home's protocol for constipation. Breakfast service Aug. 18, 2010 resident did not receive prune juice or bran.

Inspector ID #:	135

VPC - pursuant to the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to be implemented voluntarily.

Required Compliance Date for WN-Immediate
Required Compliance Date for VPC-September 10, 2010

WN #2: The Licensee has failed to comply with: LTCHA, 2007, S.O. 2007, c.8, s.6(1)(c)
Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out, clear directions to staff and others who provide direct care to the resident.

Findings:

1. Resident's nutritional plan of care does not provide a daily fluid requirement to guide staff providing care. Resident was ordered Boost pudding at pm. snack in Dietitian's progress notes of Aug. 12/10. This does not appear on the resident's plan of care or Diet Type report used in the service of snacks to residents.

2. Resident's plan of care indicates resident to receive prune juice and bran as part of the home's protocol for constipation. Breakfast service Aug. 18, 2010 resident did not receive prune juice or bran. These interventions were not on the resident's Diet kardex or the home's Diet Type Report that provides direction to serving staff.

Inspector ID #:	135

VPC - pursuant to the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance, to be implemented voluntarily.

Required Compliance Date for WN-Immediate
Required Compliance Date for VPC-September 10, 2010

WN #3: The Licensee has failed to comply with: LTCHA, 2007, S.O. 2007, c.8, s. 6(10)(b)
The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when, the resident's care needs change or care set out in the plan is no longer necessary.

Findings:
1. Resident was assessed by the Dietitian in the dietary progress note, Aug. 12/10 as requiring 1203 mls. of fluid/day. For the period Aug. 11-17/10 the resident's average daily fluid intake was 566mls.
A referral to the home's Dietitian has not been initiated to reassess the resident's significant change in hydration status.

Inspector ID #:	135

VPC - pursuant to the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance, to be implemented voluntarily.

Required Compliance Date for WN-Immediate
Required Compliance Date for VPC-September 10, 2010

WN #4: The Licensee has failed to comply with: LTCHA, 2007, S.O. 2007, c.8, s. 6(11)(b)
When a resident is reassessed and the plan of care reviewed and revised, if the plan of care is being revised because care set out in the plan has not been effective, the licensee shall ensure that different approaches are considered in the revision of the plan of care.

Findings:
1. Resident's previous dietary interventions on her plan of care for ongoing hydration and constipation issues were not effective and no revisions to the plan were implemented..

2. Resident's, previous dietary interventions on her plan of care for constipation was not effective and no revisions to the plan were implemented

Inspector ID #:	135

VPC - pursuant to the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance, to be implemented voluntarily.

Required Compliance Date for WN-September 3, 2010
Required Compliance Date for VPC-September 10, 2010

WN #5: The Licensee has failed to comply with: LTCHA, 2007, S.O. 2007, c.8, s. 6(7)
The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

Findings:
1. Pm. Snack delivery Aug. 17/10 and Breakfast service Aug. 18/10, Resident #1000003 was not provided adaptive feeding nosey cup as per the plan of care.

2. Breakfast Aug.18/10 Resident #1000004 was not provided prune juice or bran as per the plan of care. Pm. Snack delivery Aug. 17/10 and Breakfast service Aug. 18/10, resident was not provided adaptive feeding nosey cup as per the plan of care.

Inspector ID #:	135

VPC - pursuant to the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance, to be implemented voluntarily.

Required Compliance Date for WN-Immediate
Required Compliance Date for VPC-September 10, 2010

WN #6: The Licensee has failed to comply with: O. Reg. 79/10, s.71(4)
The licensee shall ensure that the planned menu items are offered and available at each meal and snack.

Findings:
1. Dinner service in main dining room, Aug. 17/10 and breakfast service Aug. 18/10, residents #1000003 and #1000004 were not offered choice from the planned puree menu.

2. Pm. snack delivery Aug.17/10, Modified Diabetic diets were not offered apple turnovers as per the posted therapeutic snack menu. Butterscotch pudding cup for puree diets was not available on the cart as per the posted menu. Three high nutritional risk residents were not provided cheese snack as per their plans of care.

3. Dinner Aug.17/10, 4 menu items for minced diets were not provided as per the posted therapeutic menu. These items included: minced cabbage, minced mushroom pork chop, minced turnip and minced cherry turnover. Two menu items for puree diets were not provided the posted therapeutic menu. These items included: puree bread and puree cabbage. Breakfast Aug. 18/10 minced and puree diets were not provided minced or puree ham as per the posted therapeutic menu.

4. Dinner Tues. Aug. 17/10 in main dining room, not all residents were offered choice: puree and minced diets and those who are cognitively impaired.

Inspector ID #:	135

VPC - pursuant to the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance, to be implemented voluntarily.

Required Compliance Date for WN-Immediate
Required Compliance Date for VPC-September 10, 2010

WN #7: The Licensee has failed to comply with: O. Reg. 79/10, s. 73(1)10
Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements: Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.

Findings:

1. Pm. snack delivery Aug. 17/10 (3:56 pm.) nursing staff member stood to feed high risk resident #1000004 nectar thick fluid.
2. Pm. Snack delivery Aug. 17/10, nursing staff member stood to feed 7 residents who required assistance with their pm. snack.
3. Breakfast Aug. 18/10, in the main dining room, two nursing staff stood to feed high risk resident at 8:55 am and 8:57am.
4. Aug. 18/10, 10:30 am. during snack service in front lobby, PSW stood to feed resident their morning beverage.

Inspector ID #:	135

VPC - pursuant to the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance, to be implemented voluntarily.

Required Compliance Date for WN-Immediate
Required Compliance Date for VPC-September 10, 2010

WN #8: The Licensee has failed to comply with: O. Reg. 79/10, s.73(1)5
Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements: A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.

Findings:

1. Breakfast service Wed. Aug. 18/10, 19 errors were observed for 15 residents. Breakfast items missing included: prune juice, soy milk, adaptive devices i.e. nosey cups and lip plates. Resident Diet errors included: Resident with diet order for Regular Minced and no crusts on toast received regular sliced bacon and toast with crusts. Resident with diet order of Modified Diabetic Minced received 4.5 slices of toast and therapeutic menu indicates Modified Diabetic diets to receive 2 slices of toast.

Inspector ID #:	135

VPC - pursuant to the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance, to be implemented voluntarily.

Required Compliance Date for WN-Immediate
Required Compliance Date for VPC-September 10, 2010

WN #9: The Licensee has failed to comply with: O. Reg. 79/10, s. 73(1)6
Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements: Food and fluids being served at a temperature that is both safe and palatable to the residents.

Findings:
1. Breakfast service Aug. 18/10, the temperatures on the roving serving cart in main dining room were probed at: Toast 105.8F and Poached egg 86F.

Inspector ID #:	135

VPC - pursuant to the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance, to be implemented voluntarily.

Required Compliance Date for WN-Immediate
Required Compliance Date for VPC-September 10, 2010

WN #10: The Licensee has failed to comply with: O. Reg. 79/10, s. 73(1)9
Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements: Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.

Findings:
1. Pm. Snack Aug 17/10 and breakfast Aug. 18/10 Resident #'s, 1000003 and 1000004 were not provided with adaptive nosey feeding cups as per their plans of care.

Inspector ID #:	135

VPC - pursuant to the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance, to be implemented voluntarily.

Required Compliance Date for WN- Immediate
Required Compliance Date for VPC-September 10, 2010

CORRECTED NON-COMPLIANCE Non-respects à Corrigé				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
Long Term Care Homes Program Manual Standards and Criteria: P1.22, B2.4, M1.6			Standards issued from Dietary Review January 2008, are now compliant.	135

Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné	Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.
Title: Date:	Bonnie MacDonald November 4, 2010 Date of Report: (if different from date(s) of inspection).